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ABSTRACT

The document contains the coordinator's guide, recruitment guide, practicum guide, training model, curriculum guide, bibliography, and evaluation guide for TABS, (Trained Aides as Baby Sitters), a training program that prepares individuals to be competent sitters for deaf-blind children and that provides a curriculum tailored to the needs of the child and the parents. The coordinator's guide addresses the three TABS learning situations (classroom, laboratory, and practicum), recruitment, and teacher selection and orientation. The recruitment guide offers a set of forms to be used in registering TABS trainees and authenticating appropriate approvals. The practicum guide contains message forms and data folder useful for written communication between the parent and the TABS trained individuals. A section on the training model presents a table of curriculum and performance objectives with reference notes and subsections on play, toys and play equipment, creative activities, sensory awareness, hearing and hearing aids, and vision and glasses. A guide for trainees describes general child care, care of deaf-blind children, and pointers for baby-sitters. A bibliography includes resources on baby-sitting, child health, special childhood diseases and disorders, common childhood ailments, and child development. A set of evaluation forms completes the document. (SW)

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TRAINED AIDES as BABY SITTERS

OF DEAF-BLIND CHILDREN

Southwestern Region Deaf-Blind Center
721 Capitol Mall
Centers and Services for Deaf-Blind Children
Sacramento, California
95814

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TABS

TRAINING MODEL

SOUTHWESTERN REGION DEAF-BLIND CENTER
FUNDED UNDER THE PROVISIONS OF PUBLIC LAW 91-230
TITLE VI, EHA PART C, SECTION 622
CENTERS AND SERVICES FOR DEAF-BLIND CHILDREN
BUREAU OF EDUCATION FOR THE HANDICAPPED
DR. WILLIAM A. BLEA, PROJECT DIRECTOR
1500 5TH STREET, THIRD FLOOR
SACRAMENTO, CALIFORNIA 95814

DEDICATION

This TABS training program is dedicated to Dr. William A. Blea, without whose help it could not have succeeded. His understanding of the needs of deaf-blind children and their parents has been a major cohesive factor in all of our efforts.

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TRAINED AIDES as BABY SITTERS

OF DEAF-BLIND CHILDREN

Coordinator's Guide

Southwestern Region Deaf-Blind Center
1500 - 5th Street
Centers and Services for Deaf-Blind Children
Sacramento, California
95814

COORDINATOR'S GUIDE

TABS is a training program that (1) prepares individuals to be competent sitters for deaf-blind children; and (2) provides a curriculum tailored to the needs of the child and the parents.

A set of guides has been prepared for use in conducting a TABS training project:

A. Coordinator's Guide

B. Recruitment Guide

C. Training Model

D. TABS Guide

E. Practicum Guide

F. Bibliography

G. Evaluation Guide

Coordinators and teachers will have access to the full set of guides, but trainees and parents will be given only those guides that relate to their respective functions. This approach will simplify the training process. The following are three TABS learning situations:

1. Classroom - The classroom will be used for talks, lectures, and films.
2. Laboratory - TABS will learn to work with deaf-blind children in the laboratory under the direct supervision of teachers of the deaf-blind.

3. Practicum - The TABS will gain practical experience in cooperating homes under the direction of parents.

Each coordinator should hold an orientation meeting with the parents selected for participation in the course. This meeting is for the benefit of the parents, and they should be given an opportunity to voice their ideas and opinions.

The orientation meeting should be held while the child is in school so that the parents do not have to arrange for a baby-sitter. The psychological effect on the parents will provide a strong positive reinforcement for their full cooperation. The parents are expected to provide valuable assistance in the recruitment of trainees. They know the young people in their neighborhoods and can both identify apt prospective trainees and screen inept candidates.

Recruitment is a straightforward procedure. The names of prospective trainees will be obtained from parents of deaf-blind, school counselors, Red Cross workers, hospital volunteers, Girl Scout leaders, B'Nai B'Rith, and other similar service organizations.

A committee of two or three people (perhaps two teachers and a parent) is suggested for final screening and appointment of trainees. After they are selected, the trainees should be provided with a full set of instructions regarding the location and time of training classes, persons to contact, and clothing requirements.

TEACHER SELECTION is an important factor in the success of the program. Staff selection should be done while teachers are where they can be contacted and before they have made firm vacation plans.

TEACHER ORIENTATION should take place toward the close of the current school year. This meeting will provide an opportunity to discuss the TABS trainees, practicum families, facilities, and the program at large. The course objectives and outreach may be discussed in appropriate detail, and preliminary special duty assignments can be made.

A precourse orientation meeting with parents and teachers is necessary at this time. The Training Model and Practicum Guide should be given to teachers and parents respectively, and the program should be reviewed. Special duty assignments should be confirmed, and teachers and parents should be grouped into teams or sets according to a course plan. Finally, the calendar for the course should be announced, and site arrangements should be made available to all participants.

After the precourse orientation, please prepare a letter report to:

Dr. William A. Blea
Southwestern Region Deaf-Blind Center
1500 - 5th St.
Sacramento, California 95814

Attention: TABS Training Program

This report should include:

A. Staff names and addresses,

B. Participating (Practicum) parent names and addresses,

C. Trainee (TABS) names and addresses, and

D. Deaf-blind student names and addresses.

During the conduct of the course, please inform the Center of any points of particular interest or items requiring immediate response. The Center staff members are vitally interested in the growth and success of the TABS program and wish to be informed and helpful. Staff members plan to visit each training site during the course.

The Center will provide forms for a final report. These forms will make reporting easier and provide the Center with data in a uniform format.

TRAINED AIDES as BABY SITTERS

OF DEAF-BLIND CHILDREN

Recruitment Guide

Southwestern Region Deaf-Blind Center
1500 - 5th Street
Centers and Services for Deaf-Blind Children
Sacramento, California
95814

SWRDBC TABS Section B

The recruitment guide contains a set of forms to be used in registering TABS trainees and authenticating appropriate approvals.

A video recording is available from the Southwestern Region Deaf-Blind Center to assist in recruiting trainees.

Southwestern Region Deaf-Blind Center
1500 - 5th Street
Sacramento, California 95814
(916) 322-2173

APPLICATION FOR TABS TRAINING

(Name of local school)

(address)

Date: _____

Applicant: _____ Age

Last name First Nickname

_____

Address ZIP

_____

Telephone Date of Birth Social Security #

_____

School

.....

Name Address Telephone

Parents or Guardian _____

Father

_____

Mother

_____

Guardian

Southwestern Region Deaf-Blind Center
1500-5th Street
Sacramento, CA 95814

Dear _____

_____ has expressed a wish to be enrolled in the Trained Aides as Baby-Sitters (TABS) Training Program that is being sponsored by the Southwestern Region Deaf-Blind Center. This three-week workshop is hosted by _____
name of school
in cooperation with the Southwestern Region Deaf-Blind Center and will include:

1. Classroom instruction,
2. First Aid Course,
3. Participation in the homes of deaf-blind chidren, and
4. The availability as a baby-sitter for a period of twelve months.

At the end of the three (3) week training program, the trainee will receive a $50.00 stipend from the Southwestern Region Deaf-Blind Center.

A roster listing all trained baby-sitters will be distributed to parents of deaf-blind children.

Monthly reports in the form of a checklist will be submitted by the trainee to the Southwestern Region Deaf-Blind Center.

The report will state how many baby-sitting calls were received as well as how many jobs were accepted, or not accepted. Parents of handicapped children are expected to pay for services rendered during the twelve months.

_____
Coordinator of TABS

_____
Name of Site

I _____ parent of _____ _____ am fully aware that _____ is participating in TABS Training Program and consent to his/her involvement in the project.

Date _____ Signed _____

SOUTHWESTERN REGION DEAF-BLIND CENTER
1500 5th Street
Sacramento, California 95814

PARTICIPATION AGREEMENT AND RELEASE

I hereby consent to the photographing, recording or the reproduction in any other manner, of my likeness, voice and activities, including the use of video tapes and audio tapes, and I further authorize the Southwestern Region Deaf-Blind Center, its agents or assigns, to make unlimited educational use of such reproductions, including but not limited to broadcasting to the public of the reproductions over radio and television stations.

I understand that I will not receive any monetary compensation from Southwestern Region Deaf-Blind Center, California State Department of Education and Bureau of Education for the Handicapped, now or in the future for my participation in reproductions stated above.

I do hereby release and hold harmless the Southwestern Region Deaf-Blind Center, California State Department of Education and Bureau of Education for the Handicapped, its administrators and employees, from any claims.

Signed this _____ day of _____, 19___ at _____ (City), _____ (State).

_____
Signature

_____
Address

Southwestern Region Deaf-Blind Center
1500-5th Street
Sacramento, CA 95814

CONSENT AND INSTRUCTION FORM

(To be completed by parents or guardian)

Date _____

Name Last First Nickname

Address City Zip Code

Telephone School Attending

Birth Place Date of Birth Age

Adults Who Are Responsible For Child:

Name	Business Address	Telephone	Hours
Father			
Mother			
Guardian/Care Taker			

IF THE ABOVE PERSON(S) CANNOT BE REACHED, AND CHILD BECOMES ILL OR INJURED AT SCHOOL, LIST TWO ALTERNATE PERSONS TO ACT FOR PARENTS. (They must have a telephone, be able to arrange for transportation, be known to child, and willing and able to act for parent or guardian.)

Name	Address	Telephone	Relationship to Child
1.			
2.			

Name Last First Nickname

Social Service Agency:

Name Address Telephone

IF MEDICAL ATTENTION APPEARS TO BE NEEDED, AND NONE OF THE ABOVE PERSONS CAN BE REACHED, DO SCHOOL AUTHORITIES HAVE YOUR PERMISSION TO CALL A DOCTOR, AMBULANCE, EMERGENCY HOSPITAL? _____

(List Preferences) _____

Family Physician _____ _____ _____
Name Location of office Telephone

List limitations in physical activity. _____

Are there special instructions in case of emergency? _____

Under what condition is your child subject to seizures? _____

List child's allergies to any food or medicine. _____

If your child is taking medicine, give reason: _____

Southwestern Region Deaf-Blind Center
1500-5th Street
Sacramento, CA 95814

PRACTICUM ASSIGNMENT

_____
Name

YOU HAVE BEEN ASSIGNED TO BABY-SIT AT THE HOME OF

_____

ON _____ AND _____
(date) (date)

THEIR ADDRESS IS _____

THEIR TELEPHONE NUMBER IS _____

PLEASE CALL AND MAKE YOUR OWN ARRANGEMENTS. THE CHILDREN'S PARENTS HAVE BEEN NOTIFIED AND ARE EXPECTING YOUR CALL.

PLEASE SHARE THIS NOTE WITH YOUR PARENTS.

_____
(Coordinator)

TRAINED AIDES as BABY SITTERS

OF DEAF-BLIND CHILDREN

Practicum Guide

Southwestern Region Deaf-Blind Center
1500 - 5th Street
Centers and Services for Deaf-Blind Children
Sacramento, California
95814

PRACTICUM GUIDE

Parents and families of deaf-blind children can benefit greatly through participation in the TABS training program. Also, the deaf-blind child can benefit because he will meet new friends who understand him and care about him.

"Practicum" is the Latin word for practice, and its use is fashionable in education circles. Practice is just what the young people in the TABS program need. The only way they can learn to get along with children is through practice. Your home and your child are an important part of the TABS program. Without them, the trainee would not receive any practical experience during his training.

You are the major source of information about your child. In the guide you will find message forms and a data folder. Those tools are used for written communication between the parent and the TABS. The message forms are used to record special information about your child. Any special instructions you have for the TABS should be put into the data folder.

If you must change any of the information on your child, such as a change in medication or emergency phone numbers, be sure to bring the change to the attention of the TABS.

In the Practicum Guide you will find a section titled "What Sitters Need to Know About Your Child." When a TABS trainee is assigned to your home, use that section as a "teaching guide."

WHAT SITTERS NEED TO KNOW ABOUT YOUR CHILD
(A PARENT'S TEACHING GUIDE)

CHILD'S LANGUAGE:

How does your child make his wants known? (pulling, pointing, signing)

_____

_____

_____

How do you respond? Do you give him the language (sign or oral) and make him repeat it?

_____

_____

_____

Does he have any special gestures, signs or words he uses that are unique?

_____

_____

_____

EQUIPMENT:

Does your child wear glasses all the time?

_____

_____

_____

Can your child put earmold in himself?

_____

_____

_____

EQUIPMENT (continued):

Does child wear aid in bed?

Do you take child's aid or glasses off when he becomes upset?

CHILD'S LIKES AND DISLIKES:

What are child's favorite toys?

Where are they kept?

What are child's favorite activities?

BEHAVIOR:

What does your child do when he is frightened?

_____

_____

_____

What does your child do when he is angry?

_____

_____

_____

In what situations does he become angry or frightened?

_____

_____

_____

EATING:

How often does your child eat and how much?

_____

_____

_____

Does your child chew well?

_____

_____

_____

EATING (continued):

Does your child use utensils (fork, spoon, knife)?

_____

_____

_____

What does your child eat for snacks or treats?

_____

_____

_____

Does child help set, clear or clean table?

_____

_____

_____

SLEEPING:

Does child accept bedtime easily?

_____

_____

_____

What language do you use to tell him it's bedtime?

_____

_____

_____

SLEEPING (continued):

Does your child fall asleep easily? Do you put any special toys near the bed?

Do you restrict liquid intake at any special time?

DRESSING AND UNDRESSING:

How independent is he in dressing and undressing?

Can your child pull down pants, take off socks?

TOILETING:

Does child go into bathroom on his own?

TOILETING (continued):

Does he need to be reminded? How often?

_____

_____

_____

What sign do you use for the bathroom?

_____

_____

_____

Does child need assistance in washing his hands?

_____

_____

_____

BATHING:

What time is child accustomed to bathing?

_____

_____

_____

Does he prefer a bath or a shower?

_____

_____

_____

BATHING (continued):

How independent is your child in washing and drying face and body?

_____

_____

_____

Are there any special toys he likes in the water?

_____

_____

_____

SAFETY:

How does your child react to:

stove _____

_____

swinging doors _____

_____

pets _____

_____

open windows _____

_____

the street _____

_____

corners of furniture _____

_____

SAFETY (continued):

baby-sitters _____

_____

siblings _____

_____

neighborhood children _____

_____

salesmen _____

_____

Name _____ Age ____
(deaf-blind child)

Handicapping condition _____

_____

_____

Medication _____

Dosage: _____

Administer at: _____

Allergies: _____

_____

Seizures: _____
(kind)

Procedure: _____

_____

What kind of behavior can you expect after the seizure? _____

_____

Special instructions: _____

SIBLINGS:

Name _____ Age____

Name _____ Age____

Name _____ Age____

Name _____ Age____

Medication for: _____

Frequency: _____

Dosage: _____

Special Instructions:

_____

_____

_____

TRAINED AIDES as BABY SITTERS

OF DEAF-BLIND CHILDREN

Training Model

Southwestern Region Deaf-Blind Center
1500 - 5th Street
Centers and Services for Deaf-Blind Children
Sacramento, California
95814

CURRICULUM GUIDE

CURRICULUM OBJECTIVES	PERFORMANCE OBJECTIVES	REFERENCE/NOTES
The trainee will complete a course in First Aid and Personal Safety	The trainee will demonstrate that she has the skills and knowledge to properly: A. Administer emergency care in cases of: 1. wounds such as: bites cuts bleeding 2. specific injuries, such as: eye neck back abdomen hand 3. shock 4. respiratory emergencies and artificial respiration 5. choking 6. poisoning 7. burns 8. frostbite, cold exposure 9. heat stroke, heat exhaustion 10. sudden illness: fainting convulsion epilepsy heart attack B. Apply dressings and bandages C. Apply first aid care in bone and joint	First Aid instructors are availabl through: local chapters of the American Red Cross police department fire department Text: Standard First Aid and Personal Safety, the American Red Cross Doubleday & Co., Inc., Garden City, New York

CURRICULUM OBJECTIVES	PERFORMANCE OBJECTIVES	REFERENCE/NOTES
The trainee will become aware of the handicapping conditions of deaf-blind children.	After three weeks, the trainee will be able to identify the handicapping conditions of a child who is: deaf-blind deaf-blind mentally retarded deaf-blind multihandicapped deaf-blind orthopedically handicapped	Speakers should be: 1. Parents of children who are: a deaf-blind a deaf-blind mentally retarded a deaf-blind orthopedically handicapped 2. Therapists 3. Teachers of deaf-blind children
The trainee will become aware of the emotional development of a deaf-blind child.	The trainee will have a better understanding of the emotional problems of a handicapped child. The trainee will be able to demonstrate the ability to cope with angry feelings, tired behavior, and tantrums.	When Your Child is Unruly Ross Laboratories Columbus, Ohio Your Child's Quarrels Ross Laboratories Columbus, Ohio Guidance Pointers from Parents of Disabled Children Rehabilitation Literature 2023 W. Ogden Avenue Chicago, Illinois 60612

CURRICULUM OBJECTIVES	PERFORMANCE OBJECTIVES	REFERENCE/NOTES
The trainee will be familiar with games to be used at the age level of: infant preschool preadolescent	The trainee should be able to guide the child in play, finger play, group games, and individual games with children of appropriate age level.	John Tracy Clinic Correspondence Learning Program for Parents of Preschool Deaf-Blind Children Program funded by: Southwestern Region Deaf-Blind Center Dr. Wm. A. Blea, Project Director Funded under the provisions of P. L. 91-230, EHA, Part C, Section 62 Center & Services for Deaf-Blind Children Bureau of Education for the Handicapped
The trainee will demonstrate her knowledge of creative play using household objects.	The trainee will demonstrate awareness of multisensory training in game selections and everyday routines. The trainee will be able to give a demonstration of a creative game or activity she has designed.	Materials used: soap bread dough pudding seeds shells yarn buttons

CURRICULUM OBJECTIVES	PERFORMANCE OBJECTIVES	REFERENCE/NOTES
The trainee will become familiar with the basic sign language.	The trainee will be able to sign and read the finger alphabet. The trainee will be able to give and read the signs of the names of the body. The trainee will be able to give and read simple commands.	Signing Exact English Gustason, Pfetzing, Zawolkow National Association of the Deaf Silver Springs, Maryland 1972 Talking With Your Hands Watson, David Q. George Banta Co., Inc. Menasha, Wisconsin 1973
The trainee will become familiar with the kinds of hearing aids and care of hearing aids.	The trainee will demonstrate knowledge and appreciation of hearing aids.	Learning Steps "Hearing and Hearing Aids"
The trainee will become aware of the psychological effects of deafness.	The trainee will demonstrate understanding of the child's frustrations due to deafness.	Hearing Loss Public Health Services Washington, D.C. 20201 Something for the Special Child Superintendent of Public Documents Government Printing Office Washington, D.C. 20402

CURRICULUM OBJECTIVES	PERFORMANCE OBJECTIVES	REFERENCE/NOTES
The trainee will become aware of bedtime routine.	The trainee will demonstrate knowledge of bedtime practices, routines, and discipline.	Learning Steps "Bedtime"
The trainee will participate in the deaf-blind classroom.	The trainee will learn under the guidance of teachers of deaf-blind children.	
The trainee will participate in homes of deaf-blind children 5 days a week for one-half day.	The trainee will do practicum in the home of: a deaf-blind infant a deaf-blind preschooler a deaf-blind multihandicapped child a deaf-blind preadolescent	
The trainee will learn how to feed a handicapped child.	The trainee will be able to feed a handicapped child. The trainee will demonstrate the ability to prepare a suitable meal for the child.	Feeding the Child with a Handicap Superintendent of Documents U. S. Goverment Printing Office Washington, D.C. 20402

ACKNOWLEDGMENT

This portion of the TABS training program is taken from the Correspondence Learning Program for Parents of Preschool Deaf-Blind Children, John Tracy Clinic, 1973, funded by the Southwestern Region Deaf-Blind Center, William A. Blea, Project Director, under the provisions of Public Law 91-230, EHA, Part C, Section 622, Center and Services for Deaf-Blind Children, Bureau of Education for the Handicapped.

PLAY

Play! What does it mean to you? Something children do to pass the time? To entertain themselves? To have fun? Or is it a way of learning, a means of getting exercise and developing muscles? Is it challenging? Does it encourage imagination and help children learn to get along together? Does it offer chances to learn about life and the world children will live in?

Play is all those things. Play should be spontaneous, but for most deaf-blind children, at first, it may not be. You may have to plan your child's activities, and take every opportunity to structure his play in a meaningful way. This will help him avoid such nonproductive activities as light gazing, flicking his hands in front of his eyes, or rolling his head from side to side.

YOUR CHILD MUST LEARN TO PLAY

Deaf-blind children seldom initiate their own play. It may be necessary for you to give your child extra encouragement and a slight "push" to get him started. Introduce him to the idea of playing with a ball, for example, or cuddling a doll. You may need to show him many times, through co-action, that one block can be stacked on top of another, or that parts of a puzzle fit together. Demonstrate and start him in using play materials. Try to let him go on in his own way, but offer encouragement and help if your child needs them. He may be able to tolerate only a small amount of frustration. For him, learning can be a long process. Let him work out problems and explore ways of using play material when possible, but be ready to help when necessary.

PLAY SHOULD BE FUN

Play for a deaf-blind child, as for all children, should be play. Fun! It should be what he wants to do. Because he has poor sight and hearing, he needs to have toys and play material presented to him. You may have to help him get started and then keep him from using toys for self-stimulating activity.

A PROGRAM FOR PLAY

In this lesson we include many ideas for toys and outdoor play equipment, but don't feel you must rush out and buy a quantity of new toys. Look around the house. Think of toys your child already has. Consider the many household articles and objects that might be used in play. Then set the stage: give him something to play with. Let him feel it, examine it, and handle it. Demonstrate its use. And please use the right words - short, direct phrases - and signs to communicate with your child. Mention the toy by name, explain briefly and clearly what it does, or what your child should do. Co-act: take his hand and guide it in making the same movements you had just demonstrated. When your child has discovered he can roll a ball, move a toy car, put a block on another, fit a piece in a puzzle, encourage him to try again - by himself. Use words and "body language" to praise him <u>when he tries</u>. Help him when he needs help. Laugh with him. Let play be fun. It can bring joy into his life and yours.

PLAY IS A CHILD'S WORK

Children's work is play. As they play they learn. They practice skills they will use when they grow up. The "pretend" kitchen offers practice in cooking and cleaning up, things that all adults do at one time or another. The tea party or play house will be a dress rehearsal for adult activities. Pounding, pulling, pushing, lifting, measuring, building, putting puzzles together, pouring, dumping, stacking, and sorting all can offer practice in developing useful and necessary skills and concepts.

Play opportunities will help your child give up some of the self-stimulating, monotonous, completely unconstructive activities in which many deaf-blind children indulge. Real play, involving a variety of play materials, toys, and equipment can become for him as for any child a worthwhile occupation.

PLAY BUILDS MUSCLES

Play can involve running, jumping, chasing, riding a bike, climbing, and other physical actions that are muscle builders. Catching a ball or pulling a wagon will bring into play some of the big muscles; putting puzzles together will train the child to use his eyes and hands cooperatively. All the stretching, reaching, grasping, and kicking that goes into play develops the child's body and ability to use it.

PLAY—ALONE

At first, a child's play is mostly solitary. He plays alone, gradually beginning to play with whatever catches his attention. He learns to concentrate, and to explore the various ways to use material. The child learns by acting upon materials in his environment, and discovers what happens when he grabs something, shakes it, pounds the floor, and lets it go. As he touches, handles, and manipulates a great many objects, the child receives satisfaction through new experiences. He learns to meet situations and solve problems.

PLAY—NEAR ANOTHER CHILD

At some point, all children want to play with other children. First, though, they prefer to play near another child. The child who is not yet prepared to interact with even one other boy or girl may truly enjoy watching, noticing, and copying the play of another child. This "parallel play" is fun, and a way of learning to get along with others.

PLAYMATES—MAKING FRIENDS

Young children may enjoy playing with brothers and sisters, but sooner or later, at home and at school, they seek playmates of their own. Playing with a sister or a brother or playing beside another can be excellent preparation for this next step: a playtime. Your child's first attempts to play with other children may be awkward. He may need encouragement from you to play with another child. Providing a comfortable setting and some toys to play with may help the new situation go well. Then you can be a sideline observer, ready to step in if you are needed.

PLAY—A SOCIAL EXPERIENCE

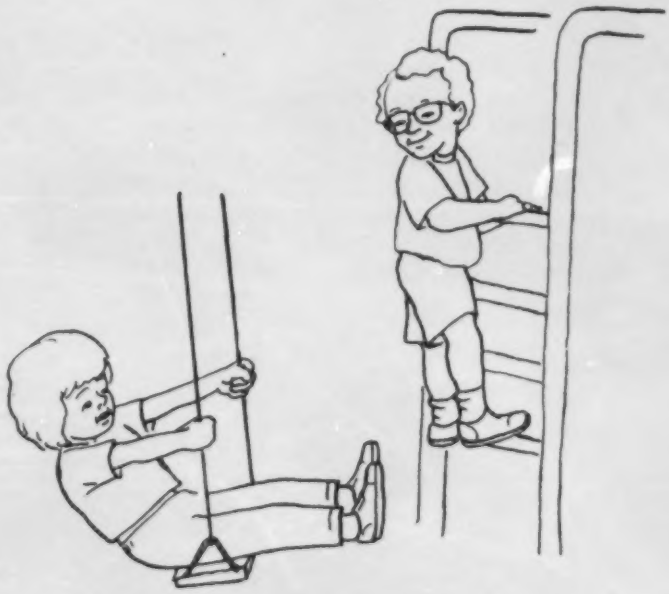
Play involving two or more children teaches the children how to get along with each other. By learning to give a little here and give a little there while still clinging to certain ideas of their own, children develop concepts of working together and cooperating. They learn about sharing possessions, and learn that sometimes they must protect themselves and fight for their own rights! Through words and gestures, facial expressions, body movements, taking turns, playing games - they begin to relate to one another and communicate.

WHAT IS NEEDED FOR PLAY?

First of all, space! Freedom to move around and make use of play materials - toys and play equipment - is essential. Outdoor play areas should offer some safeguards for a young child. Fences and gates or close supervision may be necessary until a child is absolutely dependable about keeping within safe limits. If you have no fenced yard or play area, stay close by as your child plays. The sidewalk may be his only playground. If so, teach him that the curb marks his limit. Or plan frequent visits to a neighborhood park, if one is near you, where your child can play in safety, with freedom to run about.

DOES A CHILD NEED TOYS?

Yes. Children everywhere, in all countries and in all cultures, ordinarily have something to use as toys. They may have a doll; a ball; objects to handle; possibly something with which to improvise a play house; some may have a tricycle or pedal car to ride; and small wheel toys to push or pull. But - children do not need a great many expensive toys, nor should you buy cheap, flimsy ones which may be dangerous to a child. If you can manage it, play equipment such as a swing and climbing bars will provide hours of fun whether at home or in a park. A few toys for imaginative play and construction; blocks, a few balls of assorted kinds and sizes will serve as the main ingredients for play. Then, from time to time, you can add a new toy or piece of play equipment. Do not overwhelm your child with a great number of new toys at Christmas or on his birthday. Introduce new toys as he is ready for them. Choose toys suited to your child's age, ability, and interests.



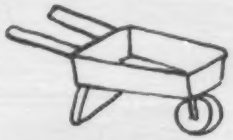
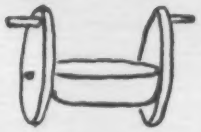
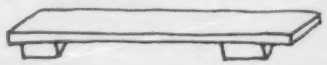
HOMEMADE TOYS, ALSO

You can build or create many toys or pieces of playground equipment. A sandbox made of a few boards, a swing that's an old tire hung from a rope, a stuffed toy stitched up at home: these and many other kinds of play material, as well as toys you can buy, are listed on the following pages. Along with ideas on toys to make or toys to buy, we include a list of articles found in almost every home. Look around! There are countless fascinating (and perfectly safe) articles in your kitchen cupboards that may be the best possible kind of play materials. Keep your eyes open and don't overlook anything that will add to your child's interest in play. If possible, read a few of the books or pamphlets on play and play materials listed at the end of this lesson. They offer many ideas.

QUIET! CHILD AT PLAY

Play is a way your child will learn. It's his work. It's a way he learns to have fun. It's a way you can find happiness yourself as you sit on the sidelines. Watch. Listen. Encourage. Inspire. Set the stage. Offer guidance and help him learn to play.

NOTE: Select a few toys or articles from the following list. The list offers suggestions from which you may want to choose only a small number of things.

Indoor	Outdoor	Description	Ideas for Use	Make	Buy
	X	Tricycle	Ride it. Stimulates large muscle development and use of vision. Straps or strips of cloth may be used to hold child's feet on the pedals.		X
	X	Small wagon or cart	Pull it, push it, ride in it, load and unload it. Encourages use of large muscles and vision.	X	X
	X	 Small wheelbarrow	Fun to push, load, unload, tip over, ride in. Stimulates use of big muscles, eye-hand coordination.	X	X
	X	 Krazy Kar*	Fun to ride and steer; two hand-operated wheels make this go. Develops muscles in arms and upper body, and coordination.		X
X	X	 Balance Beam	Helps a child's balance, encourages use of vision.	X	

*Trade Name

(Over)

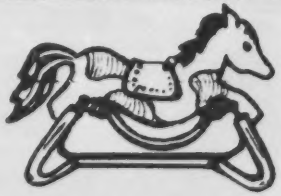
WHERE TO BUY—HOW TO MAKE

Most of the toys or play equipment listed can be found in your local stores or ordered from large mail order companies such as Sears, Roebuck and Company and Montgomery Ward and Company. For a list of toy catalogs see "Other Sources of Help," pages 18 and 19.

The balance beam is a plank, such as a 2"x4", resting on two large blocks or bricks. Cement blocks or big books will do. Remove one block and you have a slant board.

Other toys, such as the wagon, wheelbarrow, or climbing equipment can be made by anyone skilled in using hand or power tools. For the names of books that include instructions see "Other Sources of Help," pages 17, 18, and 19 of this section.

TOYS AND PLAY EQUIPMENT

Indoor	Outdoor	Description	Ideas for Use	Make	Buy
	X	Slide	Encourages climbing, freedom of movement, and orientation in space.		X
	X	Swing	Develops large muscles - arms, shoulders, upper part of body. Encourages hand-grip, body awareness, and its relation to space.	X	X
	X	Climbing Equipment	Encourages use of all large muscles in climbing, swinging by arms, dropping to the ground. Develops body awareness and space relationships.	X	X
	X	Small Trampoline	Encourages child to bounce (adult help and supervision required). Builds muscles and encourages a non-walking child to use his legs to bear weight.	X	X
X	X		Encourage child to climb on and off the horse by himself or with some help. The motion of the horse may encourage him to sit in an upright position, with his head erect.		X

IMPROVISE OR DO-IT-YOURSELF

A rope swing can be hung from a sturdy support (posts and crossbar) or from a strong tree branch. A knotted rope, drawn through a hole in a wooden disc, makes an excellent swing. This can be made at home or bought under the tradename "Upswing Climber." Play on a swing requires adult supervision. Older children sometimes enjoy an inflated innertube or tire hung with a single rope. A tire or innertube on the ground is useful: to crawl through, crawl over, bounce on.

Instructions for building climbing equipment, as well as the trampoline, can be found in books listed on pages 17, 18, and 19 of "Other Sources of Help" at the end of this section. "Jungle Gym" is the tradename for one company's climbing equipment. (Also known as Monkey Bars.) A variation can include a platform and steps.

FOR
CHILDREN BEFORE THEY WALK

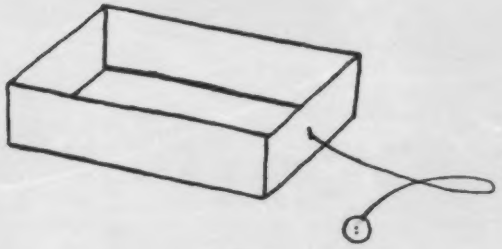
Indoor	Outdoor	Description	Ideas for Use	Make	Buy
X	X	Jumper Chair	Encourages child to sit upright. Develops body and leg muscles.		X
X	X	Crawling Board	Child lies on board and uses crawling motion to make it move. Develops body, leg and arm muscles and encourages crawling.	X	X
X	X	Pull Toys	Child can reach for handle and pull toy to him. Encourages movement and develops eye-hand coordination.	X	X
X	X	Push Toys	For the child who is beginning to walk. Develops confidence and large muscles.	X	X
X	X	Large Ball	To climb on, roll over, push. Encourages movement, develops vision and muscles.		X

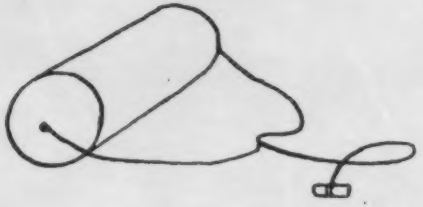
(Over)

IDEAS FOR PARENTS

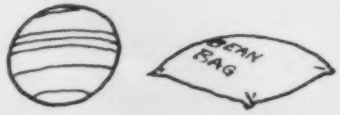
A Crawling Board resembles a skate board: easy to make with a piece of plywood about 18"x20" long, about 8" to 10" wide. Round the corners, be sure the board is smooth and free of splinters, pad with foam rubber covered with soft cloth (flannel), and place the padded board on four roller skate wheels. If you use ball bearing wheels, do not permit child to use the Crawling Board on an incline. (Requires supervision.) One manufacturer markets a Crawling Board under the tradename "Crawligator."

Pull Toys can easily be made. Attach a cord (with a large button for a handle) to a box or big tin can.





TOYS AND PLAY EQUIPMENT

Indoor	Outdoor	Description	Ideas for Use	Make	Buy
X	X	Tunnel	Encourages crawling and awareness of people. Develops big muscles and mobility. Play "Follow the Leader" or use as part of an obstacle course.	X	X
X	X	Large Blocks	To lift, carry, push, sit on, stack. Encourages imaginative play and socialization. Develops big and small muscles.	X	X
	X	Sandbox	Dig, fill pails, dump sand. Encourages awareness of textures. Develops eye-hand coordination.	X	X
X	X	 Balls and Bean Bags	Have a variety of sizes, textures, and colors on hand. To roll, toss, drop in cans or boxes (with a hole in the top). Develops big and small muscles, eye-hand coordination.	X	X
X	X	Large Inflated Clown	A <u>BIG</u> toy, to punch, pummel and tip over. Good for relieving angry feelings - teaches a child how to use his fists acceptably.		X

HOW TO MAKE TOYS AND PLAY EQUIPMENT AT HOME

Tunnels: See Gross Motor LEARNING STEP Four. Ask us for it. Instructions for building a plywood tunnel are in Creative Carpentry. See below.

Large Blocks (also known as construction blocks or kindergarten blocks) can be cut and put together by a person skilled in the use of hand or power tools, or cut, ready to be put together, at a mill or lumber yard.

Lightweight Blocks can be cut from styrofoam or foam rubber. A sharp knife or electric carving knife (use with care) makes cutting easy.

A cloth ball, filled with Kapok, can be made from wedge shaped pieces of felt or other fabric.

Bean Bags can be made from squares of tightly woven fabric. Seam and fill with dry beans.

BOOKS TO BUY OR BORROW

Creative Carpentry by Constance Homer Crocker. Houghton-Mifflin. 1951.

How to Build Children's Toys and Furniture by Norman Cherner. (More than 200 plans and ideas for toys and playground equipment, etc.) McGraw-Hill. 1954.

How to Make Children's Furniture and Play Equipment by Maria Dal Fabbro. McGraw-Hill. 1963.

What To Do When There's Nothing To Do by Boston Children's Medical Center and Elizabeth M. Gregg. Instructions for making play equipment at home. (Paperback, $.95)

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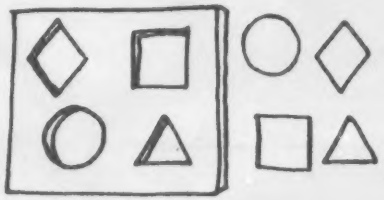
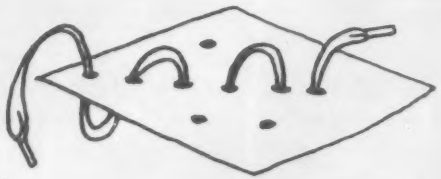
ORDER FROM: Dell Publishing Company, Inc.
750 Third Avenue
New York, New York 10017

TOYS TO MAKE

Description	How to Make
 Puzzles	Paste a picture or draw outlines on pressed board, plywood, or corrugated cardboard. Cut only a few simple pieces. Geometric shapes to fit into matching holes in a board are particularly good.
 Lacing Cards	Punch holes in cardboard. Use tipped shoelaces to "sew."
Finger Puppets Hand Puppets	Use scraps of fabric. Put features on with needle and thread or felt tip pens.

(Over)

TOYS FOR FINE MOTOR DEVELOPMENT AND SENSE TRAINING

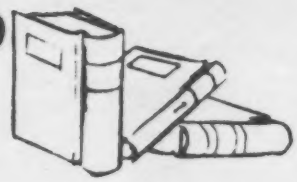
Things Found in Most Households

Clothespins
Pans and Lids (Covers)
Plastic squeeze bottles
Measuring cups and spoons
Cotton balls
Large buttons
Empty spools
Film containers
Poker chips
Paper bags
Assorted boxes
Plastic containers (all sizes)
Jars with screw tops
Nesting cups or cubes (use assorted tin cans, plastic containers or tops (covers) from spray cans)
A flashlight

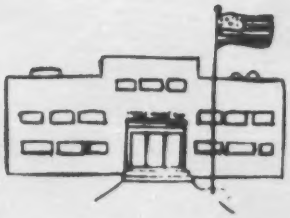
Things to Buy

Sponge rubber or plastic blocks
Nesting toy
Plush ball or spong ball (soft, easy to hold)
Rings on a cone
"Nuts and Bolts*
A top
Children's Scissors (Look for those with four finger holes so adult can help child cut)
Simple puzzles with geometric or one-piece shapes
Lego* Building Blocks or Building Bricks
Lacing cards
Busy Box
Pull apart (Pop-it) beads
Roly-Poly Tumble Toys
Jack-in-the-Box
Lite Brite*
Shape Sorting Box

*Trade Names



OTHER SOURCES OF HELP



There are Toy Lending Centers in many communities. For information, check with a local nursery school or Headstart Program, with a Community Referral Agency, or look in your telephone directory. One such center is the:

Los Angeles County Toy Lending Centers
2200 Humboldt Street
Los Angeles, California 90031

PUBLICATIONS

(To order, buy at a bookstore, or borrow from your local library)

Play - Children's Business. A Guide to Selection of Toys and Games Infants to Twelve Year Olds. A-7 (75¢)

ORDER FROM: Association for Childhood Education International
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016

The Complete Book of Children's Play by Ruth E. Hartley, Ph.D. and Robert M. Goldenson, Ph.D. (Paperback, $3.95)

ORDER FROM: Apollo Editions
666 Fifth Avenue
New York, New York 10019

Toys for Early Development of the Young Blind Child. A guide for parents. (Free)

ORDER FROM: Special Educational Materials Center
State of Illinois
Office of the Superintendent of
Public Instruction
Springfield, Illinois 62706

Success through Play by D.H. Radler and N.C. Kephart. (Paperback, $3.95)

ORDER FROM: Harper and Row
10 E. 53rd Street
New York, New York 10022

Toy Buying Guide for Grown-Ups. A guide to choosing safe and suitable toys for each level of development. Includes toys from other manufacturers.

Who Cares (Besides You?) Edited by De Anne Sobul. Includes chapters by a child development specialist, a teacher, a psychologist, a pediatrician, and a clergyman on many topics of interest to parents. (Free)

ORDER BOTH OF THE ABOVE FROM:

Mattel, Inc. Toy Division
5150 Rosecrans Avenue
Hawthorne, California 90250

TOY REVIEW - Magazine, published quarterly ($2.00 per year)

ORDER FROM: TOY REVIEW, Subscription Department
383 Elliot Street
Newton, Massachusetts 02164

TOY MANUFACTURERS IN ENGLAND

Toy Catalogue
Paul and Marjorie Abbatt
P.O. Box 57
High Wycombe, Bucks
England

Galt Toys Ltd.
P.O. Box 2
Cheadle, Cheshire
England

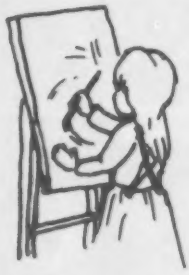
Educational Supply Association
P.O. Box 22
Pinnacles
Harlow, Essex
England

CREATIVE ACTIVITIES

Creative activities can be a source of much learning and much satisfaction. Creating something - whether a scribble with a crayon, a finger painting, or clay that's been pounded or pummeled into some form - is a joyous experience for any child. Creative activities offer the fun of experimenting with art materials and a feeling of achievement in accomplishing something. The first part - the doing - is more important than the finished product.

LEARNING AND CREATING

Besides these benefits, participation in a creative activity offers other advantages. On later pages in this lesson we describe several activities, how to set them up, and what they can contribute to language and concept development. Of course, you will talk about what your child is doing, as well as about the tools and materials he is learning to use. Your conversation, in words and signs, will add to his vocabulary, first in what he can understand, and later in the words or signs he will begin to use. Names of colors; words like "big," "little," and "pound it;" adjectives, such as "smooth" or "rough," can be used in a natural way as part of these creative activities.



KINESTHETIC AWARENESS

These activities are fun and provide exposure to new words and offer opportunities for a deaf-blind child to exercise his muscles and develop better use and control of his body and its movements. The kinesthetic sense will be developed: your child will become aware of the pattern of movement that go into finger painting, using a brush, rolling clay, and using arts and crafts materials. These activities will help him learn to take hold of things and will help him become accustomed to touching a variety of surfaces.

TOUCH AND EXPLORE

He will also have a chance to make use of and heighten his tactile sense. Clay, finger paint, sand, wood for polishing, smooth paper, rough paper, blunt scissors, a spatula, paste, crayons, and many other materials offer a wide range of touching, feeling, and exploring sensations. Tactile experiences, stressed in this lesson, may help decrease your child's reluctance to touch varied textures.

DISCRIMINATING BY SIGHT

Any vision your child has can be utilized and trained as he explores the use of all these art materials. Differences in shape and size can be recognized by sight as well as by touch. Bright colors appeal to children with impaired vision and hearing, and many children will learn to tell light from dark colors or to choose between contrasting colors.

LISTENING

Auditory experiences, not a basic part of most activities involving the use of art materials, can be made part of the activity by: listening for the sound as you and your child pound, slap, or pummel clay; stir paints; and as you talk to him. Also, creativity is part of music, which is covered in Lesson Eight.

ALSO—EXPERIENCE TASTES AND SMELLS

The senses of smell and taste can be incorporated into several activities: clay has a distinctive earthy smell; the use of coffee grounds instead of sand in finger paints offers a chance to smell something new; library paste (nontoxic) has a smell of its own and no harm will be done if a child licks a bit of it from his fingertips. Some water paints have a slight odor. Chalk has a smell most of us associate with schoolrooms, noticeable enough to help your child know whether he's using chalk or crayons.

CREATIVE OUTLETS

One of the worthwhile aspects of creative activity is the opportunity it provides for wholesome use of excess energy and release of emotional tension. A tense, nervous child may become much more calm and relaxed after a session of pummeling, rolling or slapping clay. Finger painting is emotionally satisfying and pleasurable to many children. When tensions grow and nothing seems to go right, sitting down with your youngster and playing with play dough, or even scribbling furiously with crayons or chalk, can help both of you unwind.

HAPPY AND PRODUCTIVE MOMENTS

All in all, creative activities will offer you and your child some wonderful and happy experiences together. At the same time he will be building resources within himself - abilities that he can use for recreation and diversion as he grows older.

Creative outlets can be found in many activities mentioned throughout this entire program. You will find a variety of new ideas in our "Creative Activities" outline.

BE PREPARED

One word of caution: If an activity is a "messy" one, take a few minutes to clear the decks and protect furniture or carpeting. Or set up the activity in an area where the paint, clay or chalk dust can do no damage. A patio, basement, kitchen, or family room, with hard surfaced floors rather than carpeting, is ideal. It is much better to carry on your project in an easily cleaned place than to spoil the fun by constant admonitions or warnings. Once your child becomes engrossed in his activity, try not to interrupt or stop him until he has explored the use of material to his own satisfaction. At first, keep activities simple and uncomplicated. Limited supervision may be necessary when using any art materials.

On the following pages are listed a variety of creative activities you may enjoy with your child. Choose any one of them to start, and over a period of time, try others. All of these provide chances for him to learn new skills, to use eyes and hands together, and for you to use language with your child.

ACTIVITY	GETTING READY	WHAT TO DO
"GOOP" (Liquid play dough)	Recipe: Apron: 1 cup water 1 cup flour Mix together and then divide into two or three portions; add a few drops of coloring (different color for each portion). Put into two or three squeeze bottles such as those that contain mustard, ketchup, or shampoo. Construction paper, brown wrapping paper, or newspaper	Help your child use both hands to squeeze the bottle and squirt small amounts of "Goop" onto the paper. He may squirt it into blobs, dots, or squiggles. After you have helped him acquire some skill, encourage him to work alone. Use words and signs for directions to squeeze, smooth, rub, etc. NOTE: Unless you want "Goop" on the walls and ceilings, supervision is necessary. So is an apron (see illustration): a carpenter's apron will do.
COLORING	Kindergarten type crayons (large Felt tip pens Colored and white paper (large sheets) Chalk and chalk board mounted on the wall or put on an easel	Show your child how to hold and use the crayons or felt tip pen, then let him explore its possibilities himself. Have your child stand at the chalk board and encourage him to use the chalk freely - moving it up, down, and to the side edges of the chalk board.

ACTIVITY	GETTING READY	WHAT TO DO
YARN WEAVING	Dip ends of yarn in melted wax or glue and let dry thoroughly. Punch holes around edge of paper plates at 1/2" intervals. Variations: Also have on hand a plastic berry box (with holes in lattice design) and felt, cut in the shape of a Christmas stocking or a Jack o' Lantern, with holes punched around the edge.	Demonstrate how to lace or weave yarn in and out of holes around edge of plate. Always insert the yarn from the top down, to perfect this single motion. Help your child do the same. Say "In," "Out," "Push," and "Pull." Variation (Advanced) Demonstrate, then help your child: weave yarn in and out of holes in rows around or up and down the box; or around the Jack o' Lantern or the Christmas stocking.
BEAD OR MACARONI STRINGING	Large uncooked pieces of hollow macaroni (Rigatoni) A string or yarn, with tips dipped in glue or melted wax	Help your child insert the tipped yarn or string into each bead, one by one, then take his hand in yours and help him slide each bead. NOTE: Assistance, but little supervision, is required for these activities.

ACTIVITY	GETTING READY	WHAT TO DO
PLAY DOUGH	Recipe: 2 cups flour 3/4 cup water 3 tablespoons salad oil (cooking oil) Mix or knead until workable. Variation: Add sand or sawdust for a change in texture. Put a good size lump of the play dough on a smooth, protected surface in front of your child.	With any of the listed materials: Demonstrate and help your child work with the play dough. Pound it, pummel it, push or pull it. Slap it or hit it with your fist. Variation: Use cookie cutters, a pastry wheel, a rolling pin, or a garlic or cookie press as tools. These materials can be used indoors or outdoors: protect table tops and the floor.
MUD DOUGH	2 cups mud 2 cups sand 1/2 cup salt Enough water to make pliable	NOTE: Moderate supervision required.
OATMEAL DOUGH	2 cups oatmeal 1 cup flour 1/2 cup water Knead.	

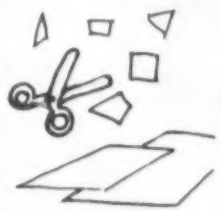
ACTIVITY	GETTING READY	WHAT TO DO
 FINGER PAINTING	Recipe: 1 cup liquid laundry starch A few drops of poster paint Mix thoroughly and store in a covered jar. One drop of liquid detergent or soap may be added: it makes cleanup easier. <u>Variation</u>: 1/2 cup cornstarch 1 cup water Bring to a boil, stirring constantly. Cool and add a few drops of food coloring. This finger paint is harmless if tasted or eaten in small quantities. <u>Other Variations</u>: Use cold cream, shaving cream, or whipped soap flakes (2 cups Ivory Flakes, 1/2 cup water). Add sand, sawdust, or fresh coffee grounds for texture.	Child should wear a smock, apron, or man's shirt. (Save old shirts!) A coverall apron (use plastic, vinyl, naugahyde, or other waterproof fabric) is illustrated at the left. Use slick paper, 12"x18" or larger. Shelf paper is suitable. Dip the paper in water, place it on the table, and scoop paint on to the paper. Then take your child's hands in yours and, with his palms down, help him use first his fingertips, then his flat hands in patting, lightly rubbing, and experimenting with the paint. Use language appropriate to the activity. <u>Variation</u>: Use small sponges, sponge hair rollers, wedges of raw potatoes or carrots, or cookie cutters with masking tape on edges to make a thicker line. Put paintings, when finished, on spread out newspapers to dry. NOTE: This activity requires <u>close</u> supervision.
 A COVERALL APRON		

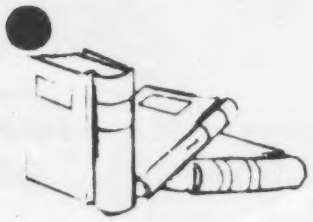
ACTIVITY	GETTING READY	WHAT TO DO
PAINTING WITH A BRUSH	Big flat brush (1/2" to 3/4" bristle width) Inexpensive white paper: newsprint, construction paper, shelf paper Tempera Paint (Poster paint) Empty frozen juice cans or small plastic containers with lids for holding paint An easel or piece of plywood Clamps or clothespins An apron or smock for your child	Clamp, clip or tape the paper to the easel or board. Put some paint in a low jar or can. Use only one color at a time. Show your child how to dip the brush, tap it against the edge of the container to remove excess paint, and how to make strokes on the paper. Help him do it, then encourage him to paint whatever he wants, in his own way.

ACTIVITY	GETTING READY	WHAT TO DO
	Have on hand: A feather or two, cotton ball, tissue (such as Kleenex) Ping pong balls	Can your child blow? If not, first try blowing on the back of his hand. Try to get him to do the same. Blow a feather, a cotton ball, a piece of facial tissue, or ping pong balls. Let him <u>see</u> and <u>feel</u> your breath stream; encourage him to blow. Use the word "Blow!"
	A short length of rubber or plastic tubing (a thin hose), or a straw A bowl or cup of water	Blow through the straw or hose to make the water bubble. Have your child look, listen, and touch the bubbling water. Encourage him to blow through the straw or hose. Tell him to "<u>Blow</u>."
	Bubble fluid and a bubble wand A mirror	Dip the wand in the fluid and blow a bubble. As the bubbles float, he may learn to follow their movement or even try to catch them. Sit with your child in front of a mirror. Blow. He will see the stream that clouds the mirror and may imitate. Take your finger and make a streak on the steamed surface - help him do the same.
BLOWING EXPERIENCES		

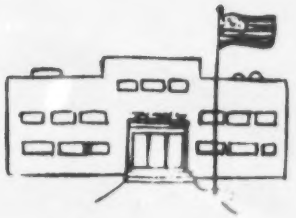
ACTIVITY	GETTING READY	WHAT TO DO
WATER PLAY	Indoors: A small sponge A bowl or pan of water A waterproof apron Outdoors (in warm weather): A pail of water A big brush or a paint roller Dungarees or bathing trunks, and just for fun, a painter's cap	Wash dolls, small toys, the table top. You demonstrate, then help your child dip the sponge in water, take his hands to squeeze it, and then wash the toys. This activity provides opportunities for you to talk about water, washing the toys, and to use appropriate signs. Using water, show your child how he can "paint" the sidewalk, driveway, fence, and his wagon or tricycle. Guide his hand in dipping the brush into the water, then tap it to drain off the excess water. Make strokes on what is being "painted."
SNOW PLAY	Lots of snow! Warm clothing	Make snowballs. Make a path. Have your child lie on his back and move his arms up and down, flat on the snow, to make an "angel."

ACTIVITY	GETTING READY	WHAT TO DO
SAND PLAY	Sandbox: Can be bought or made at home of 2x4's - or use a plastic wading pool. Variations: Use cornmeal, rice, Cheerios, popcorn, styrafoam bits, etc., in a carton. Tools: pail, shovel, sieve	Child can sit in sand or on a corner seat and touch, feel, sift, pour, dig in, or scoop up sand. Variations: Use spoons, sifter, shovel, pail, molds, containers, etc. Sand can be moistened so it will hold shape.
TEXTURE BOXES	Surprise Box: Place things of various textures into a grocery carton. Soft: Feathers, foam rubber, cloth, cotton, yarn, Kleenex, flower petals, cuddly toys Medium: Rubber stoppers, plastic hair rollers, rubber ball, pin cushion (no pins), erasers Hard: Nuts, bolts, pennies, tiles, seed pods, metal lids, wooden blocks, crayons	Child can sit beside the box and reach in to touch, handle, squeeze, shake, and otherwise experience the textures in the box. Use words (and signs) describing the different textures. Variation: He can climb into the box and sit among the assorted objects and textures. NOTE: If small articles that could be put into the mouth are used, close supervision is required.
TEXTURE BOOK	See Communication LEARNING STEP III, page 5.	

ACTIVITY	GETTING READY	WHAT TO DO
 PAPER TEARING AND CUTTING	Assorted colors and kinds of paper Blunt scissors	Tearing paper: Show your child how to tear paper into small pieces, then using co-action, help him do it. Next, encourage him to do it himself. Cutting paper: Cut paper to demonstrate the use of scissors for your child, then guide his hand in cutting. (He must have some skill in using his forefinger and thumb in a pincer movement before he can succeed in using scissors.) NOTE: Save the pieces of paper to use in pasting. This activity requires supervision.
 PASTING	Sheets of paper Also, a variety of things, such as shells, feathers, dried beans, scraps of paper or fabric, flat boxes Paste, white glue, liquid starch	Dip finger in paste, dab a little on the back of small articles or pieces of paper and press onto the paper. Or, squirt the glue or starch directly onto a sheet of paper, then help your child stick things to it.



OTHER SOURCES OF HELP



PUBLICATIONS

Creating with Materials for Work and Play. Use of clay, paints, paper...directions for making ... flannel board, bulletin board etc. (75¢)

ORDER FROM:

Association for Childhood Education International
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016

Creative Activities for Young Children, by Charlotte B. Winsor. (15¢)

ORDER FROM:

Bank Street College Bookstore
69 Bank Street
New York, New York 10014

Ladybird Book: Things to Make. An attractive book with many illustrations. (79¢, plus 25¢ handling charge)

ORDER FROM:

Campbell's Book Store
10918 Le Conte Avenue
Los Angeles, California 90024

Home Play for the Preschool Child, by June Johnson. Publisher: Harper & Row, New York, 1957. (Borrow from your library.)

Entertaining Your Child, by Lucille Hein. Publisher: Harper and Row, New York, 1971. (Borrow from your library.)

ART MATERIALS AND SUPPLIES

Paint, powdered paint, clay, paper, and other supplies. (Free catalog on request.)

ORDER FROM:

Dick Blick
Creative Materials Headquarters
P.O. Box 1267
Galesburg, Illinois 61401

Art and educational materials, teachers' aids. Mail orders. (Distributors for Milton Bradley, Dolch, Judy and Ideal Companies)

ORDER FROM:

Gel Sten Supply Company, Inc.
913 South Hill Street
Los Angeles, California 90015

Art supplies, educational materials, teaching aids, records, and games. Rhythm band instruments. Mail orders filled.

ORDER FROM:

School Service Company
Educational Center
647 South La Brea Avenue
Los Angeles, California 90036

Crayoff (wipe off crayons). Also chalk boards, tack boards, and magnetic letters.

ORDER FROM:

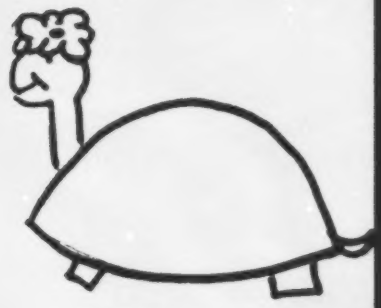
Chatfield Clarke Company
2955 East Foothill Boulevard
Pasadena, California 91108

Check your telephone directory Yellow Pages under "Arts and Crafts Supplies" or "School Supplies" for names of local suppliers.

SCULPTURE IDEAS

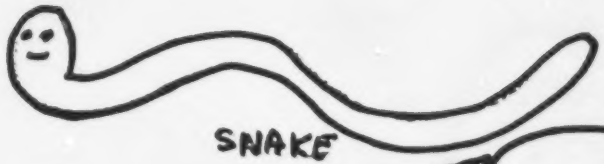
WORM

MUSHROOM



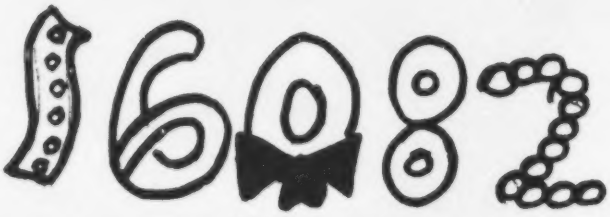
TURTLE

BIRD

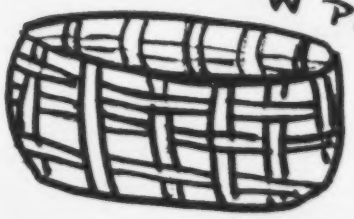


SNAKE

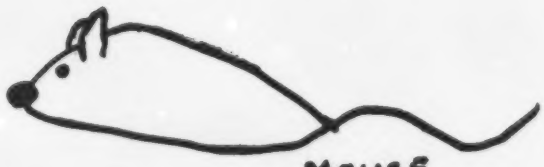
PIG



NUMBERS



BREAD BASKET

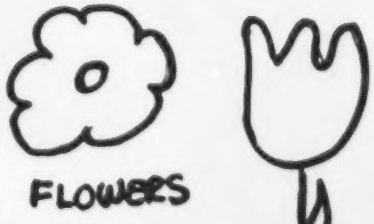


MOUSE

MAKE BEADS 8

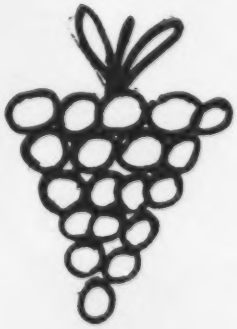
MAKE IMPRESSIONS ON DOUGH WITH:

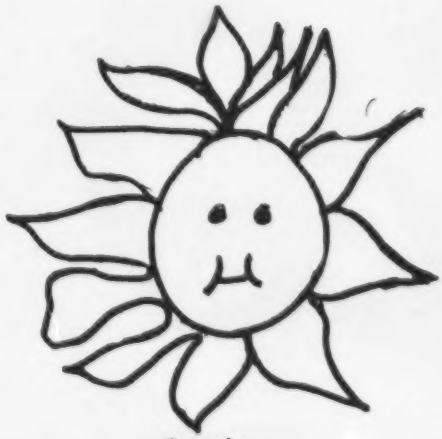
- LEAVES
- LACE
- TRIMMINGS



FLOWERS

FRUIT





SUN

feeding the child with a handicap

This pamphlet makes suggestions on how to meet the feeding needs of handicapped children. It describes techniques of feeding that are especially adapted to these children.

Feeding the Child With a Handicap can be obtained by sending 40 cents, requesting Stock No. 1729-00025 from the Superintendent of Public Documents, U.S. Government Printing Office, Washington, D.C. 20402.

SENSORY AWARENESS

A QUESTION

What would it mean - how would it affect you - if you suddenly lost your hearing?

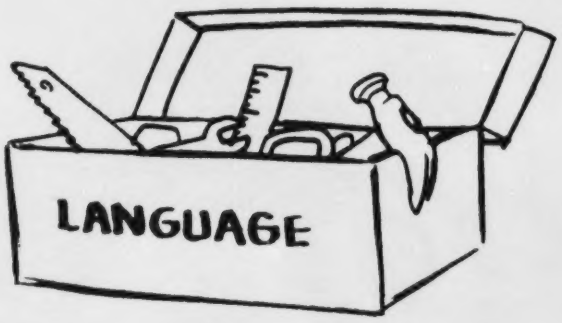
NUISANCE VALUE

Surely it would be most inconvenient. You would find it uncomfortable to live in a world of silence; you would miss the ordinary sounds of living. You would find it difficult if not impossible to carry on a conversation. But wait a minute! Think! You could still communicate.

Even if you were not able to hear your own voice, you could talk. And if the person to whom you talked couldn't make you understand his speech, he could write a message. You could still communicate, one way or another. Communication might be difficult, but it would be possible.

A VALUABLE BOX OF TOOLS

Why? Simply because you already have what some have called the tools of the trade. You would have the language, the vocabulary, so that in speech or writing you could communicate.



A CHILD BORN DEAF

The situation of a child born deaf, who cannot easily pick up language, is different. Fortunately we can amplify sound and train him to use any hearing he has no matter how little it may be. We can also train him to look at the speaker's lips, his facial expression, or hands. By doing these things, we can help a deaf child begin to understand ideas and thoughts expressed by others. We can help him learn words. He can to a certain degree acquire that "box of tools" known as language.

POOR VISION MAKES IT HARDER

It's easy to realize that when a child is visually impaired as well as deaf or hard of hearing, this job of teaching him to communicate is much more complex. Because both vision and hearing are limited, we include visual and auditory training ideas - we must also make full use of all other avenues of learning.

SENSORY AWARENESS

These other avenues include the other senses. We must make use of all five senses as part of everyday real life experiences in the lives of our children.

What we might call awareness or memory of movement is important, too. This is sometimes referred to as the kinesthetic or muscle sense: a sense that tells us what our muscles are doing. The child who learns to use this sense can remember how he used his hands or body, his tongue or jaw. Then he can make the same movement or set of movements when the same situation comes up again.

SIGHT

HEARING

TOUCH

SMELL

TASTE

and the

'MUSCLE' sense

MULTISENSORY TRAINING

All these senses will be engaged not only in developing communication but also in helping a deaf-blind child overcome the difficulties in the way of learning to move about. Multisensory training can pay dividends. Fortunately most deaf-blind children have vision that (once they learn to use it) can help them walk independently. But even so, awareness of sound and smells in their environment, and memory of how they moved their bodies in getting from one place to another, are essential.

SENSES—AND EXPERIENCE

Sensory awareness of things he can hear, see, touch, or experience can add greatly to the ability of any deaf-blind child to communicate with people around him and to feel at home in his environment. Anything he can sense - see, hear, feel, smell or be actively involved with in any way - will add to your child's mobility. At the same time, these experiences will add to his ability to understand others and express himself.

Put yourself in your child's place. Think of visual cues he might pick up, once he learns to look. Listen for sounds that would provide clues as to where he is. Touch the walls, the furniture, steps, and so on. Grass underfoot, carpeting, or a bare floor can be felt with the soles of the feet. Notice the perfume (or shaving lotion) someone in the family is wearing. Think of the "kitchen smells" that tell you dinner is nearly ready! Become <u>aware</u>: open your own eyes and ears. Be sensitive to textures and vibrations and scents or odors. <u>Then</u> you will be able to help your child open his eyes and ears and use his other senses to pick up small bits and pieces of information. Together these can help him gain knowledge of his surroundings and relate to people in his environment.

HEARING - HEARING AIDS

NERVE (SENSORY OR NEURAL) DEAFNESS

If a hearing loss is severe enough to interfere with a child learning to talk, parents are almost always told the problem is "nerve deafness." When the trouble isn't in the outer or middle ear (easily checked by the ear specialist) the problem is usually assumed to be in the inner ear or beyond. Sensory-neural or nerve deafness, unfortunately, cannot be helped by medical or surgical treatment, although much research is now going on. In our present state of knowledge the only help for deaf children is in training, education, and the use of hearing aids.

A MEDICAL CHECKUP IS IMPORTANT

When parents suspect a child is deaf they should immediately have his ears examined by an ear specialist, an otologist. If this has not been done for your child, ask the doctor who looks after him to refer you to an otologist. It is he who will make a diagnosis, clear up any medical problems that may complicate the nerve deafness, and refer your child for hearing tests and consideration of a hearing aid if and when he feels your child should have one. The person who does the hearing test and recommends a hearing aid is an audiologist, professionally trained in this field. He will in turn advise which hearing aid (possibly any one of several makes) is suitable. You will buy the hearing aid from a local hearing aid dealer who fits an individual earmold to your child's ear, and who provides continuing repair service. He represents the manufacturer.

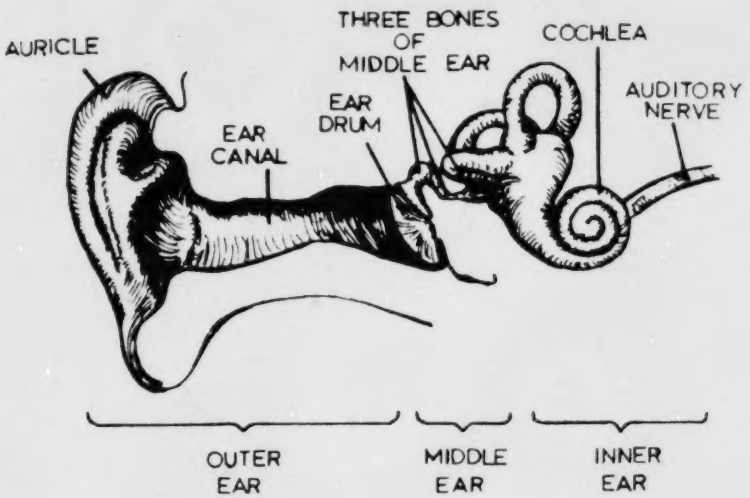
YOUR CHILD COMES FIRST

In all this, your child's best interests must be considered. He should be subjected to all necessary tests. You should follow the original examination and tests by seeing that your child has reexaminations at recommended intervals (at least once a year) by the otologist and audiologist.

THE EAR

Let's for a minute, consider the ear and how it works.

1. Outer ear: The part you can see, plus the ear canal.
2. Middle ear: Three little bones that conduct sound vibrations from the eardrum to the inner ear.
3. Inner ear: The hearing organ (the cochlea) and the auditory nerve that leads to the hearing center in the brain.



You can see that the inner ear and its assorted parts are deep inside the skull and hard to get to. This has made study of the inner ear difficult and research slow. Damage to the inner ear can't be seen. At this time, it can't be corrected. But the use of a hearing aid and auditory training can often result in better use of any remaining hearing a child may have.

THE AUDIOLOGIST AND THE AID

The audiologist will recommend the hearing aid that is best suited to the child's hearing ability. If in doubt as to the degree of deafness, he may be conservative in his recommendation and suggest a "starter" aid. This aid, sometimes a "loaner," provides only mild or moderate amplification, which avoids the possibility of over-amplifying sound if it later is determined that the child's hearing loss is mild or moderate. At the same time, it offers enough amplification that it may help focus the child's attention on sound.

ONE AID OR TWO

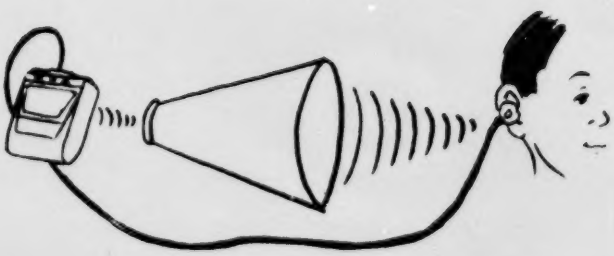
The audiologist will advise on the kind of fitting (one aid or two), a choice of dependable brands, and the selection of a hearing aid dealer. Convenience, dependability, fast repair service, and skill in fitting a young child are considerations.

AUDITORY TRAINING: LEARNING TO LISTEN

In the LEARNING STEPS in this Program, there are many ideas for auditory training: some you've no doubt used already. We've incorporated "Listening Ideas" into the instructions not only on Communication, but also as part of those concerned with Motor Development and Self-Care skills. With this lesson we include a list of sources of sound found in almost every home. Household appliances, doorbells, telephone bells, musical or rhythmic instruments, and toys: all may be used in training your child to listen.

HEARING AIDS

Keep in mind that the hearing aid offers no quick answer to your child's hearing problem. It can help him hear. It cannot make him hear.



WHAT CAN IT ACCOMPLISH?

It can make sound seem louder to the listener; it can "pipe" sound directly to the listener's ear. It cannot change anyone's hearing ability, or help a deaf child hear sounds as you or I hear them. The aid amplifies sound or makes it seem louder, but in doing this there is some distortion of sound. The sounds a deaf child hears are meaningless and a jumble, so deaf children must learn to sort out the sounds.

THE HEARING AID HAS THREE MAIN PARTS

The hearing aid is something like a public address system or a radio. It is electrically run on transistor batteries, and it consists of just a few parts.

The tiny microphone, which picks up sound and changes it to electric signals, and the amplifier, which strengthens the signals, are concealed in the main part of the hearing aid. This is usually in a case not much bigger than a matchbox.

MICROPHONE

AMPLIFIER

RECEIVER

The receiver (a small button snapped on the child's earmold) is attached to the microphone and amplifier by a fine cord. The earmold itself is made of plastic and must be refitted as the child grows.

HOW DO YOU FEEL ABOUT THE AID?

The first problem parents encounter may be their own feelings. They must accept the idea of the hearing aid and believe in its value. Only then can they confidently expect their child to wear it. Deaf-blind children seem sensitive to our feelings: if we are not firm about expecting the child to wear the aid, what happens? What happens is that he probably won't accept it.

SURE HANDS BUILD CONFIDENCE

But when parents move with assurance, and with firm, confident hands to put the aid on and slide the earmold into the child's ear, he senses their confidence. They expect him to wear the aid. Their hands and body and attitude convey this message. Nine times out of ten a child does what's expected, if he knows what parents expect of him.

Comments contained herein pertaining to the adjustment or maintenance of hearing aids are for information only; adjustments should be made only as specifically instructed and directed by parents.

PROBLEMS	POSSIBLE SOLUTIONS
Child pulls out earmold:	Tape it in place. Use an easy-off tape (Dermicel, or other tape available at the pharmacy). A soft bonnet or headband may help.
Child takes aid off:	Have him wear it under his outer shirt to protect it from spilled food or liquids and from busy fingers. (The aid can be worn in a harness type carrier, ordered through the hearing aid dealer or made at home, or in a pocket added to an undergarment.)
Power Failure:	Replace batteries. (Keep a supply on hand.) Replace the cord. (Have a spare or two.) If the aid still doesn't work, have the dealer check it. Do not open the case or attempt to repair it yourself.
Feedback Whistle:	This may indicate a cracked or poor fitting earmold (children outgrow them), or that the earpiece and microphone are too close together. Check with the audiologist or hearing aid dealer.
No noticeable results:	The hearing aid must be worn consistently and the child must have help in learning to listen (over a long period of time).

VISION AND GLASSES

SOME REASONS FOR POOR SIGHT

Why are some children born with poor sight? Among the deaf-blind children born in recent years most have impaired vision because their mothers had German measles (rubella) in pregnancy. However, other prenatal conditions can cause difficulties, too. A few children have poor sight due to problems associated with premature birth or with other difficulties at birth. Some problems may be related to hereditary (genetic) situations. Your child's eye doctor - the ophthalmologist - may be able to pinpoint the cause. Also, it is he who diagnoses and treats eye problems no matter what the cause.

WHAT PROBLEMS ARE INVOLVED?

Most of the rubella children who are considered deaf-blind have cataracts and/or glaucoma. Some children with muscular weaknesses, those that are farsighted or nearsighted, or those who have any other visual problems should be seen by an ophthalmologist. He will decide what medical or surgical procedure is necessary and when it should be carried out. He prescribes glasses if necessary. And he should recheck your child's eyes at regular intervals.

LEARNING TO SEE

Most deaf-blind children have some usable vision. Some of the causes of impaired vision, such as rubella, usually result in partial loss of sight. Therefore, it is important to follow the doctor's advice and to get glasses if prescribed. Your child most likely has some vision. This must be preserved or improved if possible by medical or surgical treatment, or glasses. Contact lenses may be prescribed. If so, ask about tinted lenses. It is easier to notice that a tinted lens is missing if it is dislodged, and easier to locate if it falls to the floor. Some children seem to do very well with contact lenses. Then: your child must learn to see.

THIS WILL NOT HAPPEN OVERNIGHT

Some parents think their children should begin to notice things the minute they have eye surgery and begin to wear their glasses. This does not happen. They must learn to use their vision. And, as with all deaf-blind children, whether they have had surgery or not, we must begin a program of visual training. We must help them learn to use their eyes. Training your child to look will be part of the LEARNING STEPS that begin with this lesson.

SOME POINTS

VISION CANNOT BE DAMAGED BY USE.

THE MORE YOUR CHILD LEARNS TO LOOK, THE MORE HE WILL PERCEIVE.

IF GLASSES ARE PRESCRIBED, EXPECT YOUR CHILD TO WEAR THEM.

LEARNING TO LOOK TAKES PRACTICE.

TAKE CARE OF THE GLASSES

A few words about your child's glasses: we said "Expect him to wear them if the doctor has prescribed them." Many parents feel timid about getting a child to keep his glasses on. We find that the parents' attitude is most important. Expect your child to wear his glasses, just as you expect him to wear his clothes. Children often do what is expected of them. Take an attitude of firm expectancy - a no-nonsense attitude of expecting the glasses to be worn! If he removes the glasses, quickly put them back on.

An elastic band (available at athletic stores) or strips of Velcro* attached to the bows of the glasses will hold the glasses in place. The Velcro strips, which are more comfortable than the elastic band, can be wrapped around the bows and sewed securely, then overlapped across the back of the head.

Keep your child's glasses clean. They may get smeared while your child is into some "messy" activity, such as feeding himself or fingerpainting. If so, let him finish the task unless the glasses are badly smeared. When he is finished whatever he is doing, take the glasses off and clean them at once. A box of tissues in each room will make it easier to do this.

*Velcro is a trade marked self-adhering fabric. Look for it at notion counters or variety stores.

SOME BLINDISMS

In the first lesson, we mentioned some characteristics seen in many deaf-blind children. Some of these are common even to blind children with normal hearing. They are known as "blindisms." These may include poking at the eyes, flicking the fingers in front of the eyes (to break up a light pattern and provide some pattern of movement), and staring into light. It is essential to interrupt these habits. Give your child something else to do, occupy him with some attention or activity, if he pokes or stimulates his eyes in these ways. These undesirable habits prevent children from learning to use their sight.

WHAT TO DO ABOUT THEM

1. Much light gazing can be avoided if you mask the source of bright light.

2. Be sure all light bulbs are screened by a shade. Use semitransparent curtains to soften sunshine or glare.

3. Place your child's bed, playpen, his eating chair or table, even his play area - so that he cannot look directly into lamplight or outdoor glare.

4. A cap with a brim or hat worn when your child goes outdoors, and a sun screen or hood on his stroller or carriage can help, too.

A GOING TO BED ROUTINE

Our Suggestions	Your Changes
1. The evening meal, followed by some quiet play.	
2. At approximately the same time, after supper, say and sign "SLEEP." Help your child make the same sign.	
3. Walk with your child to his bedroom or carry him if he does not yet walk.	
4. Take his hand and help him reach for and pick up his pajamas. These (and other clothing) should always be kept in the same place so he will eventually be able to get them himself. Mention them by name and immediately show him what you've talked about.	
5. Sit with your son or daughter and help him undress. Teach him to cooperate, and help him remove or put on some clothes by himself. Name each garment (and when known, use the signs).	
6. Next: go with him to the bathroom. Sit him on the potty chair or toilet. Brush his teeth. Give him a drink of water.	
7. Sit with him and look at a picture book or softly sing to him.	

A GOING TO BED ROUTINE

(CONT'D)

OUR SUGGESTIONS	YOUR CHANGES
8. Say and sign "SLEEP." Put him to bed with an air of finality. Stroke his arm and say "Good Night." (This arm stroke can be a signal that it's time to settle down.)	
9. Say and sign "SLEEP," and leave the room.	
10. Remember, during the bedtime routine, you should stay calm, cool, and collected. Your child will soon gain some sense of order and security in the consistency of a regular routine and your own sense of control.	

Note: If the glasses and hearing aid are taken off for a bath or when a child is being undressed, you may want to put them back on for the "good night" routine.

NAPTIME

The question of naps is so individual that only you can determine whether your child must have one and, if so, how long he should sleep. In general, we can say that your deaf-blind child should have rest, at least a quiet time, each afternoon. This gives him and you time to renew your patience and energy. However, the nap in no case should be longer than is usual for a young child: one to two hours. The deaf-blind child must not be left for long hours in his bed in the daytime. This offers too many chances for undesirable self-stimulating activities and too much time away from the family life. Also, a long nap or long periods spent inactive in his crib will definitely interfere with your child's night sleep.

LIFTING AND CARRYING

1. Plan ahead - be sure space is clear and that necessary equipment is within reach.

2. Know your child and what he can and can't do - let him help. Provide balance and positioning to allow him to use his own strength. It may take a few minutes longer for you to transfer the child this way, but it is worth protecting your back in addition to his receiving proper training that will aid his parents and others who handle him.

3. Prepare and secure the equipment. Place the wheelchair in proper position, locked with footrests out of the way.

4. Use a wide base of support, feet should be wide apart with one slightly ahead of the other.

5. Lower your body to the level of the load, squat down. Give a trial lift to the load to judge how heavy it is. If it's too heavy get help.

6. Keep your back straight, lift with the legs instead of the back. Crouch or squat rather than stoop. Keep well balanced i.e., have your center of gravity over your base of support.

7. Bring the child close before lifting and carry him close.

8. Avoid rotating your trunk when you transfer a child. If you must change directions, pivot or move feet in short steps toward the new direction while keeping the body in good alignment.

9. Use shoulders, upper arms, or pelvic band of braces for holding child when transferring him.

10. Use leverage whenever possible.

11. Use your knee for boosting.

TRAINED AIDES as BABY SITTERS

OF DEAF-BLIND CHILDREN

TABS Guide

Southwestern Region Deaf-Blind Center
1500 - 5th Street
Centers and Services for Deaf-Blind Children
Sacramento, California
95814

The TABS training program in which you are enrolled will provide you with the knowledge and experience you need to adequately care for deaf-blind children in their homes for a few hours, on family outings, or overnight.

During the training program, you will accumulate materials that will be of value to you in your future work. These materials can be used to make a so-called "Bag of Tricks," which will be useful when you make house calls.

General Child Care

Baby-sitting is a responsibility that must be taken seriously because, for a period of time, you are guiding and protecting a young life. Usually, everything will work out just fine if you are attentive to your job. Difficulties are most likely to arise when you allow yourself to become overly engrossed in something other than baby-sitting.

The type and degree of attention required by the child depends upon his age. An infant requires feeding, changing, rest, security, warmth, and some play. Always be within earshot of the infant's sounds; his cry is his only means of communication. Be able to respond immediately if he chokes or coughs.

The toddler requires almost constant attention. Because of his insatiable curiosity, he gets into everything--the medicine cabinet, the stove, the cutlery, the garbage, and the street.

Although he may be taking a nap, the toddler should never be forgotten because he may awake and continue his quest for adventure. The sitter is responsible for toileting in the absence of the parent.

Feeding can be messy unless the toddler is helped. He is still developing coordination between his hands and mouth and is not concerned about spilling food all over himself, you, or the furniture. Games are very useful and can be used to guide the toddler's mind along constructive lines. Most homes have children's toys that you can use. Keep the child as clean as possible, especially the hands, which frequently are in the mouth.

A preschool child is really just a large toddler. He is faster on his feet, can reach higher, and has a more highly developed imagination. Usually he is a better eater, but he still requires watching. You can expect the preschooler to have better toilet habits, but he will probably need help with clothing and hygiene. Like the toddler, the preschool child's hands should be washed frequently because they are often in his mouth. You can expect the preschooler to talk to you and understand most of what you say to him. This is a real benefit because you can get him to cooperate better. His games will be a little more advanced and more creative. Encourage play where you can observe and supervise his activities. Naps are still a

part of the routine, and you must be alert for the wake-up-time. Always know where the child is in the house.

The preadolescent child does not require as much direct supervision as the younger child, but he still requires your full attention. You must always know where he is and what he is doing. His games are more sophisticated and include reading. You can read to each other as part of the playtime. But look out! The preadolescent youngster is full of tricks and likes to play them on you. Sometimes these tricks aren't funny. He can move faster and farther, reach higher, open more things, and think up little schemes to create excitement. Finally, this youngster is inclined to experiment with the truth.

Care of Deaf-Blind Children

Most of the comments on general child care apply to rubella children; however, a good deal more must be learned about the problems associated with the multiple handicapped and how to cope with them.

Since the purpose of this course is to provide services for deaf-blind children and their families, we will deal with deafness and blindness and other physical disabilities identified with the Rubella Syndrome.

Heart defects are the most common disabilities identified with the rubella deaf-blind. However, other disabilities

such as poor muscle control and mental retardation sometimes occur after the rubella virus has attacked the central nervous system.

As baby-sitters for deaf-blind children, you must realize that you will encounter different mental and behavioral patterns than those encountered with normal children.

Not many deaf-blind children are entirely deaf or entirely blind. Behavior is affected by how much or how little the child sees and by how much or how little the child hears. Your lab work at school and experience during in-the-home training will graphically demonstrate how differently these children behave and how each must be handled to meet his needs. You must realize that care of the deaf-blind child must always be in the best interest of the child and that it must never be compromised for your own convenience.

You will find some deaf-blind children unresponsive to your attempts to play, communicate, and feed them. Other children may respond with a tantrum, while others may respond cheerfully and gratefully. In the extreme cases, you should remain calm and quietly work your way through the situation. Occasionally multiple handicapped children have seizures for no apparent cause. By going through the training program, you will learn how to handle most of the situations you will encounter.

Deaf-blind children communicate by signs and gestures. Gestures are usually, but not always, straightforward and obvious in their meaning. Signing is the "coded" use of the hands that allows the child to express himself more exactly. However, those who sign usually don't have a large vocabulary so you will not have to learn many words. Do not make the child use your signs and vocabulary, but use his signs and vocabulary unless otherwise instructed by the child's teacher or parent.

Pointers for Baby-Sitters

A. Keep your sense of humor. If you are exercising your sense of humor, your patience will last longer.

B. Keep a cool head and try not to get rattled.

C. Write down special instructions such as medications, emergency procedures in case of seizures, illness, and so forth, and ask the mother to read it over for accuracy.

D. Treat the "client's" privacy as you would like your privacy to be treated.

E. Find out before the parents leave about telephone privileges, snacks, and so forth.

F. Take good care of expensive hearing aids and glasses.

G. Pay attention to all of the kids--the special kids are cute, but the other kids are also feeling people.

H. Let the clients know as soon as possible if you cannot keep the baby-sitting appointment. If possible, give them a chance to find someone else because the "time-out" is probably pretty important to them.

I. Expect the handicapped child to do almost anything unexpected and keep a jump ahead of him!

J. Remember to administer medication. If you do forget, tell the parents immediately when they return.

K. Smile! It's contagious.

TRAINED AIDES as BABY SITTERS

OF DEAF-BLIND CHILDREN

Bibliography

Southwestern Region Deaf-Blind Center
1500 - 5th Street
Centers and Services for Deaf-Blind Children
Sacramento, California
95814

Parents, teachers, and TABS trainees often have need to dig a little deeper into the problems associated with the handicapped. Knowledge is heightened by reading on a particular subject from several different sources; sometimes the "experts" disagree which places the burden of decision back on those of us actually dealing with the children.

This bibliography far exceeds the scope of TABS course but, then, we're not through learning and living are we? All of us will benefit by acquiring more information and that's what this bibliography is all about.

BABY-SITTING

Baby-Sitters' Guide

This handbook deals with your children's safety while the sitter is in charge, playing, and getting along with the children, feeding, changing diapers, and putting the children to bed. Valuable help on what to do in an emergency and some first aid measures. Send 25¢ to cover postage and handling to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

Free Baby-Sitter's Guide

An excellent source of baby-sitting rules and regulations. Write to:

Inquiries Branch
Health Services and Mental Health Administration
Public Health Service
U. S. Department of Health, Education, and Welfare
Washington, D.C. 20402

FACTS ABOUT THE BABY

The Proper Feeding Procedure

Shows how to position the baby for bottle feeding and tells when baby begins to take solid foods. For a free

copy write to:

Handscraft Company
Reedsburg, Wisconsin 53959

Attn: Public Relations Director

Caring for Baby's Health

Gives all the necessary information on caring for the new baby. For a free copy write to:

Children's Bureau
U.S. Department of Health,
Education, and Welfare
Washington, D.C. 20201

Your Baby's Eyes

Making sure that there are no vision problems while your child is still an infant will help him avoid eye problems later. Your Baby's Eyes helps you to be alert in caring for the baby's eyes. Send 10¢ postage to:

American Optometric Association
7000 Chippewa Street
St. Louis, Missouri 63119

When There's a Small Child in the Family

When a small child makes up the family unit, there are certain basics new mothers and fathers should know. This booklet discusses breast and bottle feeding, the second child, thumb-sucking and gives expert advice on caring for the newborn. Write:

American Medical Association
Order Department
535 N. Dearborn Street
Chicago, Illinois 60610

Nutrition and Your Child's Health

Write for a copy to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

SPECIAL CHILDHOOD DISEASES AND DISORDERS

Epilepsy

This booklet tells of the research being done and what the parent of an epileptic child should know. Obtain a free copy by writing to:

Public Health Service
Washington, D.C. 20201

Facts About Measles

The American Medical Association (AMA) is offering this valuable booklet "A Letter To You, Mother, About Measles and Your Child" for 15¢ to cover postage and handling. Write to:

American Medical Association
Order Department
535 N. Dearborn Street
Chicago, Illinois 60610

Hearing Problems

"Hearing Loss" is an excellent booklet that discusses the problems of loss of hearing. For a free copy write to:

Public Health Services
Washington, D.C. 20201

Epilepsy Facts

This booklet answers many of the questions parents ask most about epilepsy. Send for a free copy of "Questions and Answers on Epilepsy." Write to:

Epilepsy Foundation of America
733 15th Street, N. W.
Suite 1116
Washington, D.C. 20005

Rheumatic Fever

This booklet tells mothers how they can guard their children against rheumatic fever. Send 5¢ to cover postage and write to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

Lazy Eye and Blindness

The condition called "lazy eye" can lead to blindness unless it is detected at an early age. "Lazy Eye Coloring Book" is for both mother and child. It is aimed at bringing this condition to the attention of parents. Send 10¢ to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

Early Education for the Handicapped Child

"Breakthrough" discusses the benefits of an early education for handicapped children. Send 10¢ to cover postage and handling and write to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

The Child with Cerebral Palsy

This booklet discusses what is being done through research to help the child with cerebral palsy. Include 10¢ to cover postage and handling to:

Superintendent to Documents
Government Printing Office
Washington, D.C. 20402

The Mentally Retarded Child

A concise and helpful discussion of the child who is mentally retarded. Include 10¢ to cover postage and handling. Write to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

Care for the Handicapped

Feeding the handicapped child involves special skills. Send 20¢ and request booklet No. FS 17.210:450. Write to:

Superintendent of Public Documents
Government Printing Office
Washington, D.C. 20402

Facts About Speech Problems

Ask for booklet No. FS 17.215:52. Enclose 15¢ and write to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

For the Special Child

The article, "Something for the Special Child," is available from:

Superintendent of Public Documents
Government Printing Office
Washington, D.C. 20402

For the Child with Hearing Problems

This guide discusses the services and programs developed for the child who is hard of hearing. Enclose 20¢ when requesting booklet No. FS 14.111:402 from:

Superintendent of Public Documents
Government Printing Office
Washington, D.C. 20402

More on Mental Retardation

This booklet discusses the biological factors of mental retardation. Write to:

Superintendent of Public Documents
Government Printing Office
Washington, D.C. 20402

Heart Defects

Booklet No. FS 2.50:117 has much information about cardiovascular problems. Include 10¢ and write to:

Superintendent of Public Documents
Government Printing Office
Washington, D.C. 20402

The Asthmatic Child

A brief but concise discussion of the child with asthma. Include 15¢ to cover postage and handling to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

Learning Disorders

A discussion of learning disorder is available from:

Rehabilitation Literature
2023 West Ogden Avenue
Chicago, Illinois 60612

The Slow Child at Home

"ABC'S for Parents: Aids to Management of the Slow Child at Home" is available for 10¢ from:

Rehabilitation Literature
2023 West Ogden Avenue
Chicago, Illinois 60612

Help from Other Parents

"Guidance Pointers from Parents of Disabled Children" is available upon request from:

Rehabilitation Literature
2023 W. Ogden Avenue
Chicago, Illinois 60612

Home Help for Special Children

Proper home care should be coordinated with special education programs in school. "A Guide for Parents of Children Receiving Special Education" discusses how to

establish a helpful home program. For a free copy write to:

Earl C. Graham, Editor
Rehabilitation Literature
2023 West Ogden Avenue
Chicago, Illinois 60612

Choosing a Hearing Aid for Your Child

This booklet gives helpful suggestions on how to select the proper hearing aid for your child. Send 15¢ to cover postage and handling to:

Superintendent of Public Documents
Government Printing Office
Washington, D.C. 20402

COMMON CHILDHOOD AILMENTS

Your Child's Diseases

This booklet gives mothers a basic knowledge of such childhood diseases as measles, German measles, chicken pox, whooping cough, mumps, scarlet fever, diphtheria, bronchitis, and virus pneumonia. For a free copy write to:

The Prudential Insurance Company of America
Prudential Plaza
Newark, New Jersey 07101

When Your Baby is Sick

This booklet answers questions such as when to call the doctor, how to administer medicines, and other necessary

information. Write to:

Good Housekeeping Bulletin Service
959 Eighth Avenue
New York, New York 10019

Allergies and Small Children

"Allergy" is a booklet for mothers with children having allergies. It tells what the mother can do for her child and discusses several kinds of allergies. Send 10¢ for postage to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

Chicken Pox

A valuable booklet for every mother with small children. Send 10¢ to cover postage and handling to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

Rubella

This booklet tells about rubella and what can be done for it. Write to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

Mumps

For facts and information about mumps send 10¢ to cover postage and handling and write to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

Free First Aid Course

Here, yours for the asking, is a 16-hour first aid course for the public. This booklet covers all aspects of first aid and care of the injured. Include 10¢ for postage. Write to:

U. S. Government Printing Office
Superintendent of Documents
Washington, D.C. 20402

Check for Safety

"School Age Safety Check List" has been prepared as a guide to promote safety awareness among parents. Send for a free copy from:

Librarian
National Easter Seal Society for Crippled
Crippled Children
2023 W. Ogden Avenue
Chicago, Illinois 60612

Free Chart of First Aid Facts

A wall chart of first aid facts and measures. For your free copy write to:

Johnson and Johnson
New Brunswick
New Jersey 08903

CHILD DEVELOPMENT

Through the Ages

A series of booklets which discuss the child's growth,

both physically and mentally. It includes the following:

"Your Child from 1 to 3"
"Your Child from 3 to 4"
"Your Child from 1 to 6"
"Your Child from 6 to 12"

Write to:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

TRAINED AIDES as BABY SITTERS

OF DEAF-BLIND CHILDREN

Evaluation

Southwestern Region Deaf-Blind Center
1500 - 5th Street
Centers and Services for Deaf-Blind Children
Sacramento, California
94814

Southwestern Region Deaf-Blind Center
1500-5th Street
Sacramento, CA 95814

BABY-SITTER EVALUATION FORM FOR PARENTS

Name of Parent _____

Name of Baby-Sitter _____

1. Did trainee carry out your instructions?

	yes	no
	☐	☐

2. Did trainee leave your home in order?

	yes	no
	☐	☐

3. Do you feel that trainee got along with your children?

	yes	no
the handicapped child	☐	☐
	yes	no
the siblings	☐	☐

4. Would you hire this trainee as a sitter again?

	yes	no
	☐	☐

If no, please comment:

Note: This evaluation is confidential. Please return it to:

_____

Thank you very much,

_____
Coordinator

Southwestern Region Deaf-Blind Center
1500-5th Street
Sacramento, CA 95814

TABS MONTHLY REPORT FORM

TABS Name _____

Address _____

_____

Date _____

Child's Name _____ Age _____

Hours _____

Did you write down instructions given you by parents?

_____

_____

Did you plan your activities? _____

Which activities work best with this child? _____

_____

_____

Was the child happy? _____

Would you change any of the activities you planned for this child? _____

_____

Would you like to baby-sit again for this family? _____

EVALUATION

The authors of this TABS training program need to know whether it meets the needs of the parents and the deaf-blind child and how it can be made more effective?

Each activity such as this program produces one or more "highlights." We would like to know your experience(s).

William A. Blea

75-18 DE 8466 8-75 500